

**Dane County SSI MC  
Quality Assurance Workgroup  
Minutes 12/13/04**

**Present:** Joyce Allen, Division of Disability and Elder Services (DDES) Co-Chair, Dr. Michelle Urban, Division of Health Care Financing (DHCF) Co-Chair, Lori Allerson, APS Health Care, Angie Gault, APS, Mary Olen, The Management Group (TMG), Sara Roberts, Community Living Alliance (CLA), Tim Connor, DDES, Ruthanne Landsness, APS, Dr. Ron Diamond, DDES/MHCDC, Jennifer Lowenberg, NAMI, Mary Laughlin, DHCF, Ginny Graves, TMG, David LeCount, DCDHS, Jeff Erlanger, Karen McKim, DDES

**Excused:** Wendy Kilbey Warren, Grass Roots Empowerment Project, Peggy Michaelis, MHCDC, Lesly Oxley, TMG, Cheryl Keating, CLA, Molly Cisco, Grass Roots Empowerment Project

**I. Review of the Minutes**

The minutes from the 11/19/04 Dane SSI QA Meeting were accepted with the following additions:

- ✓ A column should be added to the Quality Assurance Indicators Table, which indicates how long the member must be enrolled to be included in the measure. (A recommendation was made during editing of the minutes to add length of eligibility to the measure specifications when they are developed for each of the indicators.)
- ✓ Additional criteria recommended by the group for selection of QI indicators will be added to the “Desirable Attributes of Performance Measures” document. These criteria include: cost, administrative burden and avoiding duplication.

**II. Consumer Assessment of Health Plans (CAHPS)—Lori Allerson (APS)**

- CAHPS is a consumer satisfaction survey that was developed by the Agency for Healthcare Research and Quality (AHRQ), under the DHHS.
- CAHPS is designed to measure recipient satisfaction with the health care provided through a managed care health plan.
- CAHPS results are used to fulfill HEDIS reporting and accreditation requirements for managed care health plans by National Committee for Quality Assurance (NCQA).
- CAHPS is a standard industry tool used for peer comparisons related to recipient experience of care. Dane County SSI would need to determine equivalent peer(s) e.g. iCare, Milwaukee SSI, Medicaid MCOs, etc.

- Risk adjustments are available to account for recipient differences (age, education, health status, race, gender) between peer populations.
- Data collection is handled by a third party to ensure confidentiality of individual responses and survey results are summarized at an aggregate level.
- For sampling, 6 months of eligibility is recommended for the Medicaid population and in general, 1 year of eligibility is recommended.
- A desirable sample size per health plan is about 300-400 recipients, requiring oversampling to about 800 recipients, assuming a 40-50% response rate.
- Surveys are administered through 2 mailings and then via phone surveys to meet the needed response rate.
- Surveys are available in other languages.
- The main domains of CAHPS include:
  - ✓ Customer Service
  - ✓ Health Care Rating (Provider)
  - ✓ Doctor Communication
  - ✓ Helpful Office Staff
  - ✓ Getting Care Quickly
  - ✓ Getting Care Needed (access)
  - ✓ Health Plan Rating (overall rating of how well their health plan is providing health care)
- Other domains of CAHPS:
  - ✓ Mental Health/Behavioral Health
  - ✓ Dental
  - ✓ Cost Sharing
  - ✓ Prescription Medication Access

✓ Chronic Conditions

- Another consumer satisfaction survey that could be considered for the Dane program is the Experience of Care and Health Outcomes (ECHO) survey. It is used to measure satisfaction of care for adults receiving behavioral health services.

Results of CAHPS Survey Data

- Graphs with comparisons of HMO recipient satisfaction survey results on two measures were presented:
  - ✓ Overall Rating of Getting Care Needed
  - ✓ Overall Rating of Quality of Health Plan
- The graphs showed the average for all HMOs and how each HMO compared to the average. Statistical differences between the HMO score and the average were noted in some cases.
- Some of the questions that came up in reviewing the results include:
  - ✓ Why are the scores so close to each other?
  - ✓ How does the statistical difference compare to the clinical difference?
  - ✓ How big a difference is meaningful—What criteria do we use?
  - ✓ How will the results of such a study be used?
- The results are published in a “Report Card” that rates HMOs compared to their peers.

**III. Mental Health Statistical Improvement Project (MHSIP)—Tim Connor, DDES**

- MHSIP Satisfaction Survey was developed at the Federal Center for Mental Health Services (SAMPSA Division) in the late 1990’s. The survey was adopted for the adult and youth populations in Wisconsin in 2003 to fulfil a federal mental health block grant requirement.
- The sample for the survey is drawn from the HSRS database. The sample includes any client receiving services through the public mental health system. The tool is designed as a self-administered survey.

- To be eligible for the survey, the individual had to be receiving services through March 31<sup>st</sup>, but could have been discharged by the time they filled out the survey. Wisconsin does a statewide, representative sample. It is possible to identify the counties that the surveys come from but not the individual programs.
- The results of the surveys are used to compare Wisconsin to other states. Currently, this data is not being used to compare programs within the state.
- The Adult Consumer Satisfaction Survey Contains the following domains:
  - ✓ Perception of Access
  - ✓ Perception of Quality and Appropriateness
  - ✓ Perceptions of Outcomes
  - ✓ Perception of Participation in Treatment Planning
  - ✓ General Satisfaction
- The Child Satisfaction Survey (for caregivers) Contains the following domains:
  - ✓ Good Access to Service
  - ✓ Satisfaction with Services
  - ✓ Participation in Treatment
  - ✓ Cultural Sensitivity
  - ✓ Positive Outcomes of Services

Comments:

- This workgroup or the larger advisory committee should decide ahead of time how this type of data would be used so we can target the population and choose appropriate questions.
- This survey should be combined with the general health population questions. One of the goals of SSI Managed Care is to integrate acute/primary care and MH/AODA care.

#### **IV. Recovery Oriented System Assessment (ROSA)—Tim Connor, DDES**

- This outcome interview process was developed as part of the Mental Health/AODA Redesign Initiative. It is geared toward outcomes as well as satisfaction and is administered through a fairly intensive interview process.
- The interviews were piloted with 137 consumers/case managers in 2003. It takes about 90 minutes to complete (1 hour with the consumer, ½ hour with the case manager), and covers 17 personal outcomes such as living situation, whether basic needs are being met, ect., as well as additional recovery oriented questions.
- The Planning Council is reviewing the experience of the interviewers who have tested the instrument and is assessing inter-rater reliability. The survey is being considered for integration into a systematic county-wide approach.
- Several criteria need to be met for an outcome to be rated as positive. The process is rigorous. One of the goals of the tool is to assess whether the system is recovery oriented.
- Implementation of the outcome interviews requires extensive interviewer training and consumer time to assist with the training. A smaller sample of consumers is used for this intensive training interview. Because of the small sample size, the results will not necessarily be applicable to the larger population, but can build on previous survey results.
- Consumer and case manager response to the interviews have been positive. Counties have stated that the results of the process so far tend to be general and that they need to follow up to obtain more specific information.

#### **V. Long Term Care Consumer Outcomes (Family Care)—Karen McKim, DDES**

##### Lessons Learned from the Member Outcomes Survey:

- It is very important to think ahead/plan in detail how the results of any data collection will be used.
- This helps to prevent the data from being misinterpreted or used for purposes other than the intended use that it was designed for.
- Local agencies had already identified problems and were addressing them before the outcome interviews reflected it.
- Asking questions through the outcome interviews gave people a chance to speak up and consumers reported that this was a positive experience.

- Member outcome interviews gave the opportunity for on the job training for care managers.
- Family Care should have spent more time “designing in” the outcomes into the program that would be measured. Local agencies might have been more comfortable with how outcomes would be measured, if they were involved in the process earlier.
- It is important to decide what feedback to give to whom in what form, when designing the evaluation.
- Criteria for benchmarks are not always available. Development of benchmarks should be done carefully and not arbitrarily. Also, the question of what to do if the program does not meet benchmarks must be addressed.
- The sample sizes for the Family Care interview data were not large enough to perform meaningful statistical analysis. Some qualitative analysis was possible however, and some data provided red flags for further investigation.
- When designing an outcome study, a plan is needed regarding who has access to data and what the process of data extraction will involve. Also, a balance is needed between public accountability and the threat of lawsuits stopping the flow of information.

#### **VI. SSI Operations QA/QI Subcommittee—Sara Roberts and Mary Olen, TMG**

- Another QA/QI committee has been formed to identify the necessary infrastructure changes needed to prepare for and implement SSI expansion in Dane Co. It is comprised of five operations groups including: Care Center, Care Management, QA/QI, Administration, and IT Systems.
- The SSI Operations QA/QI Subcommittee needs to information about the SSI population in Dane County, including the infrastructure already in place to serve this population through CLA and the Mental Health Center. The committee is studying the iCare population and how it is being served and assessing the gaps in the CLA infrastructure as it pertains to the Dane SSI population.
- Sara Roberts, Todd Costello, Bill Greer, and Mary Olen are on the SSI Operations QA/QI Subcommittee and will update out Dane SSI QA Workgroup periodically.

#### **VII. Grievances—Mary Laughlin, DHCF**

- All Medicaid HMOs are required to have a grievance process.
- A grievance analysis for the third quarter of 2004 for Medicaid HMOs was provided.

- The federal regulation governing the grievance process in Medicaid Managed Care is located on the Centers for Medicare and Medicaid Services web page at: [www.cms.hhs.gov](http://www.cms.hhs.gov). (Go on the web page and use the search function to look up statute 438.400.)
- Article VIII of the iCare contract, which covers grievance procedures, is located on the dhfs web page at: <http://dhfs.wisconsin.gov/medicaid7/providers/index.htm> This language will be used as an initial template for the Dane SSI contract.

## **VIII. Next Steps**

- **The next two meetings were scheduled:**  
**January 21, 2005 9:30-11:30, TMG Conference Rm., Suite 320, 1 S. Pinckney Street, Madison**  
  
**February 25, 2005 9:30-11:30, TMG Conference Rm., Suite 320, 1 S. Pinckney Street, Madison**
- **The Agenda will include:**
  - I. Review of Indicators Grid**
    - a) **Access to Evidence-Based/Best Practices for Mental Health and Substance Abuse Services—Joyce Allen, DDES**
    - b) **Pharmacy Measures for the Non-Mental Health Population—Dr. Urban, DHCF**
    - c) **Other Items**
  - II. ECHO Survey**